DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2012 FORM APPROVED OMB NO. 0938-0391

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN 46227 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN 46227 ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	2012
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
K 000 INITIAL COMMENTS K 000	(X5) COMPLETION DATE
A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).	
Survey Date: 11/28/12	
Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060 Surveyor: Mark Caraher, Life Safety Code	
At this Life Safety Code survey, Manorcare Health Services was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of	
Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in areas open to the corridors. The facility has smoke detectors hard wired to the fire alarm system in resident sleeping rooms 166 through 182 and battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 140 and had a census of 123 at the time of this visit. All areas where residents have customary access	
were sprinklered. The facility has two detached LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DA	S) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION 02,01	(X3) DATE SURVEY COMPLETED		
		155247	B. WIN	G		11/	28/2012	
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES			•	8549	T ADDRESS, CITY, STATE, ZIP CODE S MADISON AVE IANAPOLIS, IN 46227	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 000	wooden storage shed sprinklered. Quality Review by Ro Code Specialist-Medi	bbert Booher, Life Safety cal Surveyor on 11/29/12.		000				
K 000	Licensure Survey wa	decertification and State s conducted by the Indiana Health in accordance with 42	K	000				
	Facility Number: 000 Provider Number: 15 AIM Number: 10028 Surveyor: Mark Cara Specialist	55247						
	Health Services was Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LS	22 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. The rveyed with Chapter 18,						
	determined to be of T fully sprinklered. The system with smoke d in areas open to the common smoke detectors hard	this one story facility was Type V (111) construction and Efacility has a fire alarm etection in the corridors and corridors. The facility has divired to the fire alarm eeping rooms 166 through						

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		155247	B. WIN	G		11/28	3/2012	
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES				85	EET ADDRESS, CITY, STATE, ZIP CODE 549 S MADISON AVE NDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
K 000	182 and battery opera other resident sleepin capacity of 140 and h time of this visit.	ated smoke detectors in all g rooms. The facility has a ad a census of 123 at the ents have customary access a facility has two detached	К	000				